Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL029007 01/06/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9420 NORTH HIGHWAY 150 MALLARD RIDGE ASSISTED LIVING CLEMMONS, NC 27012 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION). TAG TAG DEFICIENCY) C 000 Initial Comments C 000 Report of Biennial Construction Survey by Dennis Harrell and Bob Getchell on 1-6-2016. Records indicate this facility was first licensed on 6-3-1998, for 100 beds including 32 Special Care beds. Based on this information, the facility is required to meet the 1996 Minimum and Desired Standards and Regulations for the Licensing of Adult Care Homes, applicable portions of the · Octochamode 2005 Licensing of Adult Care Homes of Seven or More Beds, and the 2002 Edition of the North Carolina State Building Code Section 409.1 Group I- Institutional - Unrestrained. C 101 Existing Licensed Fac- No less than '71 Rules C 101 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost; This Rule is not met as evidenced by: Based on observation, the fire sprinkler system had no inventory of spare regular heads for the Division of Health Service Regulation SIGNATURE TITLE LABORATORY DIRECTORS OF PROVIDER/SUPPLIE

STATE FORM

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED

(X3) DATE SURVEY COMPLETED

(X4) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED

(X3) DATE SURVEY COMPLETED

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

MALLARD RIDGE ASSISTED LIVING

9420 NORTH HIGHWAY 150 CLEMMONS, NC 27012

(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	IVE
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE DATE
C 101	Continued From page 1	C 101		
	interior. Provide spares in accordance with NFPA 13.			
C 156	Soil Utility Room	C 156		
	SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (j) Soil Utility Room. A separate room shall be provided and equipped for the cleaning and sanitizing of bed pans and shall have handwashing facilities. This Rule is not met as evidenced by: Based on observation, there were items stored in and on top of the hoppers provided in soiled utility rooms on B Hall and in the Horizon. The storage inside the hoppers rendered them unusable and the large amount of storage on top of the hoppers prevented inspection to determine if the waste water trap was dry.		See Osto Chambre	
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if	C 166		

PRINTED: 01/20/2016 FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL029007 01/06/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9420 NORTH HIGHWAY 150 MALLARD RIDGE ASSISTED LIVING CLEMMONS, NC 27012 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 166 Continued From page 2 C 166 cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings include: Several portable medical oxygen cylinders were stored in an unapproved beverage crate. C 189 C 189 Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition.

Le Capachament (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: Based on observation, several battery powered emergency lights would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff. Findings include lights not working in the following a. Corridor near room B-7, b. Corridor near room B-17, c. Horizon courtyard, d. Exterior to exit near room A-14. Exterior to exit near room A-21, f. Exterior to exit near room B-14.

g. Exterior to exit near room B-23.

Based on observation, several cross-corridor doors are equipped with latching hardware. When the doors were closed by activation of the

12V821

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL029007 01/06/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9420 NORTH HIGHWAY 150 MALLARD RIDGE ASSISTED LIVING CLEMMONS, NC 27012 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 189 C 189 Continued From page 3 fire alarm system one door failed to latch closed in several locations. Cross-corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread through the corridor to the remainder of the facility. Findings include doors not latching in the following locations: a. ECC. b. Entrance to Horizon, b. A Wing. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes, cracks and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include: a. Unsealed 4 inch sleeve in attic smoke barrier wall at B-1. b. Gypsum compound and tape falling off attic smoke barrier wall at B-1. c. Unsealed penetration in the Administrator's d. Hole in the ceiling at the nurse station in A wing. e. Hole beside a 4 inch sleeve through the ceiling in storage room B, f. Hole in ceiling in mechanical room in ECC, g. Unsealed penetration in ceiling at the nurse station in ECC. h. Hole in wall at a PVC conduit in mechanical room 2 in ECC, Crack in wall in corridor at Assisted Bath on B

12V821

j. Crack in wall in corridor at resident laundry on

FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL029007 01/06/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9420 NORTH HIGHWAY 150 MALLARD RIDGE ASSISTED LIVING CLEMMONS, NC 27012 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 189 Continued From page 4 C 189 Unsealed penetration in ceiling at the nurse station in Horizon, Hole in wall above emergency light in main m. Unsealed penetration in ceiling of Living n. Crack in ceiling in the mechanical room in the See Character and Horizon. o. Hole beside a sleeve through the ceiling in telephone room on A Hall, p. Hole in ceiling above camera in corridor near room A-21, q. Open junction box in ceiling of porch exterior to exit at room A-14, r. Fire collar (3 inch) not properly mounted to ceiling in mechanical room C. 4. Based on observation the sprinkler escutcheon was missing or not tightly fitted to the ceiling complete the one-hour protection in the following locations. Findings include: a. Closet in B-26. b. Bedroom C-13. c. Kitchen. d. Mechanical room in ECC, Based on observation, the sampling tube for the duct mounted smoke detector in the mechanical room in the Horizon was very dirty. Sampling tubes that are not periodically inspected and cleaned can endanger all residents and staff because the duct detector may fail to operate properly. C 199 Exhaust Ventilation C 199

SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER

12V821

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING HAL029007 01/06/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9420 NORTH HIGHWAY 150 MALLARD RIDGE ASSISTED LIVING CLEMMONS, NC 27012 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) C 199 Continued From page 5 C 199 REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: See Marchinage soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: Based on observation the facility failed to maintain required exhaust in a working condition. Non-functioning exhaust could cause an unhealthy buildup of moisture and possibly bacteria. Findings include: The exhaust system provided was not working in the bathroom off room B-24.

12V821

Attachment C

Date: 2-5-2016

DHSR - Plan of Corrections for Building Biennial Survey on 1-6-2016

C101- This rule is not met as evidenced by: Based on observation, the sprinkler system has no inventory of spare regular heads for the interior.

Provide spares in accordance with NFPA 13.

**See attachment 'A' document from Twin City Sprinklers – this is a dry system. Explanation why we cannot storage sprinkler heads on site.

C156 – Soil Utility Room – A Separate room shall be provided and equipped for the cleaning and sanitizing bed pans and shall have handwashing facilities.

Correction – Soil Utility room is accessible for use. All blockage has been removed.

C166 – Housekeeping maintained free of Hazards – Several Portable medical oxygen cylinders were store in an unapproved beverage crate.

Correction – We have notified the company that provides oxygen tanks & crates and they will remove the crate.

C189 – Building Equipment Maintained safe operating –

Battery powered emergency lights not working properly

Correction – replaced all batteries on 1-15-2016

2. Cross- corridor doors not close completely and latched

Correction – adjusted all 8 doors latches. Set the alarm off and all 8 doors closed and latched properly

- 3. Holes, cracks and penetrations that are not sealed with approved materials
 - a. 4" sleeve through the ceiling in the storage

Correction- sleeve was filled with approved fire caulking

b. Gypsum compound and tape falling off attic smoke barrier wall at B-1 Correction – re-taped and use joint compound

Attachment C

c. Unsealed penetration in the Administrator office

Correction- filled with approved fire caulking

d. Hole in the ceiling at the nurse station in A wing

Correction- filled with approved fire caulking

e. Hole beside a 4 inch sleeve through the ceiling in storage room B

Correction- filled with approved fire caulking

f. Hole in ceiling Mechanical room in ECC

Correction – installed a new sleeve

g. Unsealed penetration in ceiling at the nurse station in ECC

Correction- filled with approved fire caulking

h. Hole in wall at a PVC conduit in Mechanical Room 2

Correction- filled with approved fire caulking around the PVC

Crack in wall in corridor at Assisted Bath on B hall

Correction -filled crack with joint compound

j. Crack in wall in corridor at resident laundry on B hall

Correction -filled crack with joint compound

k. Unsealed penetration in ceiling at the nurse station in Horizons

Correction- filled with approved fire caulking

I. Hole in wall above emergency light in main laundry

Correction - repositioned emergency light cover to fill hole

m. Unsealed penetration in the ceiling of the living room

Correction- filled with approved fire caulking

n. Crack in ceiling in the mechanical room in the Horizons

Correction – re-taped and use joint compound

Holes beside a sleeve through the ceiling in telephone room on A Hall

Correction- filled with approved fire caulking

p. Hole in ceiling above camera in corridor near A-21

Correction- filled with approved fire caulking

q. Open junction box in ceiling of porch exterior to exit at room A-14

Correction – put a new cover on junction box

 Fire collar (3inch) not properly mounted to ceiling on mechanical room C

Correction - Collar was re-installed and is properly mounted

Attachment C

 Sprinkler escutcheon was missing or not tightly fitted to the ceiling for the following locations: Closet-B26, Bedroom-C13, Kitchen, Mechanical room ECC.

Correction - replaced all with new sleeves

The sampling tube for duct mounted smoke detector in the mechanical room in Horizons was very dirty.

Correction – cleaned thoroughly and will repeat monthly

C199 - Exhaust Ventilation

The exhaust system provided was not working in the bathroom off room B-24 Correction – replaced exhaust fan on 1-14-2016 – see attachment 'B' – invoice of the replacement

FAX

Attachment A pages 7

Twin City Sprinkler Co., Inc. P.O. Box 12457 Winston Salem, NC 27107

Phone: 336-727-0508 or Fax: 336-750-0610

	The state of the s
To: Mallard Relige	Date:
To: Mallard Relge Attn: Wesley	Re: Space Spullers
Fax #: _775-2207	1 of 2 Pages
From: Darrell Inman	
Notes:	

3367500610

6.2.6.1.3 Any damage to the protective coating occurring at the time of installation shall be repaired at once using only the coating of the manufacturer of the sprinkler in the approved manner so that no part of the sprinkler will be exposed after installation has been completed.

6.2.6.2* Painting.

- 6.2.6.2.1 Sprinklers shall only be painted by the sprinkler manufacturer.
- 6.2.6.2.2 Where sprinklers have had paint applied by other than the sprinkler manufacturer, they shall be replaced with new listed sprinklers of the same characteristics, including K-factor, thermal response, and water distribution.
- 6.2.6.2.3 Where cover plates on concealed sprinklers have been painted by other than the sprinkler manufacturer, the cover plate shall be replaced.

6.2.6.3 Ornamental Finishes.

- 6.2.6.3.1 Ornamental finishes shall only be applied to sprinklers and, if applicable, their concealed cover plates, by the sprinkler manufacturer.
- 6.2.6.3.2 Sprinklers with ornamental finishes where utilized shall be specifically listed.

6.2.6.4 Protective Coverings.

- 6.2.6.4.1 Sprinklers protecting spray areas and mixing rooms in resin application areas shall be protected against overspray residue so that they will operate in the event of fire.
- 6.2.6.4.2* Where protected in accordance with 6.2.6.4.1, cellophane bags having a thickness of 0,003 in. (0.076 mm) or less or thin paper bags shall be used.
- 6.2.6.4.3 Sprinklers that have been painted or coated shall be replaced in accordance with the requirements of 6.2.6.2.2.

6.2.7 Escutcheons and Cover Plates.

- 6.2.7.1 Plates, escutcheons, or other devices used to cover the annular space around a sprinkler shall be metallic or shall be listed for use around a sprinkler.
- 6.2.7.2* Escutcheons used with recessed, flush-type, or concealed sprinklers shall be part of a listed sprinkler assembly.
- 6.2.7.3 Cover plates used with concealed sprinklers shall be part of the listed sprinkler assembly.
- 6.2.7.4 The use of caulking or glue to seal the penetration or to affix the components of a recessed escutcheon or concealed cover plate shall not be permitted.
- 6.2.8 Guards. Sprinklers subject to mechanical injury shall be protected with listed guards.

6.2.9 Stock of Spare Sprinklers.

- 6.2.9.1* A supply of at least six spare sprinklers shall be maintained on the premises so that any sprinklers that have operated or been damaged in any way can be promptly replaced.
- 6.2.9.2 The sprinklers shall correspond to the types and temperature ratings of the sprinklers in the property.

- 6.2.9.3 The sprinklers shall be kept in a cabinet located where the temperature to which they are subjected will at no time exceed 100°F (38°C).
- 6.2.9.4 Where dry sprinklers of different lengths are installed, spare dry sprinklers shall not be required, provided that a means of returning the system to service is furnished.
- 6.2.9.5 The stock of spare sprinklers shall include all types and ratings installed and shall be as follows:
- For protected facilities having under 300 sprinklers no fewer than six sprinklers
- (2) For protected facilities having 300 to 1000 sprinklers no fewer than 12 sprinklers
- (3) For protected facilities having over 1000 sprinklers no fewer than 24 sprinklers
- 6.2.9.6 One sprinkler wrench as specified by the sprinkler manufacturer shall be provided in the cabinet for each type of sprinkler installed to be used for the removal and installation of sprinklers in the system.
- 6.2.9.7 A list of the sprinklers installed in the property shall be posted in the sprinkler cabinet.
- 6.2.9.7.1* The list shall include the following:
- (1) Sprinkler Identification Number (SIN) if equipped; or the manufacturer, model, orifice, deflector type, thermal sensitivity, and pressure rating
- (2) General description
- (3) Quantity of each type to be contained in the cabinet
- (4) Issue or revision date of the list
- 6.3 Aboveground Pipe and Tube.

6.3.1 General.

- 6.3.1.1 Pipe or tube shall meet or exceed one of the standards in Table 6.3.1.1 or be in accordance with 6.5.7.8.
- 6.3.1.1.1* Underground pipe shall be permitted to extend into the building through the slab or wall not more than 24 in. $(0.6 \, m)$.
- 6.3.1.2 Steel pipe shall be in accordance with 6.3.2, 6.3.3, or 6.3.4.
- 6.3.1.3 Copper tube shall be in accordance with 6.3.5.
- 6.3.1.4 Nonmetallic pipe shall be in accordance with 6.3.7.
- 6.3.1.5 Brass pipe shall be in accordance with 6.3.7.
- 6.3.2* Steel Pipe Welded or Roll-Grooved. When steel pipe referenced in Table 6.3.1.1 is used and joined by welding as referenced in 6.5.2 or by roll-grooved pipe and fittings as referenced in 6.5.3, the minimum nominal wall thickness for pressures up to 300 psi (20.7 bar) shall be in accordance with Schedule 10 for pipe sizes up to 5 in. (125 mm), 0.134 in. (8.40 mm) for 6 in. (150 mm) pipe, 0.188 in. (4.78 mm) for 8 in. and 10 in. (200 mm and 250 mm) pipe, and 0.330 in. (8.38 mm) for 12 in. (300 mm) pipe.
- 6.3.3 Steel Pipe Threaded. When steel pipe referenced in Table 6.3.1.1 is joined by threaded fittings referenced in 6.5.1 or by fittings used with pipe having cut grooves, the minimum wall thickness shall be in accordance with Schedule 30 pipe [in sizes 8 in. (200 mm) and larger] or Schedule 40 pipe [in sizes less than 8 in. (200 mm)] for pressures up to 300 psi (20.7 bar).
- 6.3.4 Specially Listed Steel Pipe. Pressure limitations and wall thickness for steel pipe specially listed in accordance with 6.3.7.8 shall be permitted to be in accordance with the pipe listing requirements.



INVOICE

Johnstone Supply-Winston 1674 Lowery Street Winston-Salem, NC 27101 Phone: 336 723-1122 Fax: 336 723-1103

Branch Locations Web:www.teamjohnstone.com Raleigh 919-829-3511 Greensboro 336-553-0024 Durham 919-383-0059 Rocky Mount 252-937-4089t Garner 919-661-6565 Winston-Salem336-723-1122 Hickory 828-624-0155

Page 1/1

Sold To

RIDGE CARE INC 853 OLD WINSTON RD #118 KERNERSVILLE NC 27284

Ship To RIDGE CARE INC 853 OLD WINSTON RD #118 KERNERSVILLE NC 27284

Customer #	Order Date	Sales Order #	Buyer	Customer P/O #	Ship Via	Salesman
0004684	01/11/2016	8020562		MALLARD RIDGE	UPS GROUND	377
Invoice #	Invoice Date	Ship Date	Freight Terms	Job Number	Terms	
8020562	01/14/2016	01/14/16	PREPAID		NET 30 DAYS	

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Signature Proof of Delivery:

01/14/16 10:10

REMIT TO:

JOHNSTONE SUPPLY

3650 JUNCTION BLVD. RALEIGH, NC 27603

(919)277-0015

Terms & Conditions
NO RETURNS ON SPECIAL ORDERED PARTS

A RESTOCKING FEE MAY BE APPLIED TO ALL RETURNS

Merchandise 421.25 Freight 0.00 Misc Charges Sub Total 0.00 421.25 421.25 Taxable 28.43 Tax (1034) TOTAL \$449.68

Archive Copy

Pay By 02/13/2016

Writer: JMD